

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:03

DOCUMENT # **M31505** (4)

1. Corporation Name
ROMARY EQUIPMENT, INC.

Principal Place of Business Mailing Address
15604 S.W. 63RD TERRACE MIAMI FL 33193

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/05/1986** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-2669084** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **15600 S.W. 63 Terrance.** 26 **15600 S.W. 63 Terrance**

22 **Miami, FL 33193** 27 **Miami, FL 33193**

23 **33193** 28 **33193**

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

GUTIERREZ, ROBERTO
15604 S.W. 63RD TERRACE
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **15600 S.W 63 Terrance**
84 City **MIAMI** FL 85 Zip Code **33193**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUTIERREZ, ROBERTO
STREET ADDRESS	15604 S W 63 TERR
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	GUTIERREZ, MARIBEL
STREET ADDRESS	15604 SW 63 TERR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	15600 S.W 63 Terr.
13 STREET ADDRESS	Miami, FL 33193
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	15600 S,W 63 Terr.
23 STREET ADDRESS	Miami, FL 33193
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maribel Gutierrez **MARIBEL Gutierrez** 3/23/95 (305) 385-9950
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR